

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-375)

SERIAL NO.

FILED DATE

10 / 5 - 5 / 23

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				2			53						
4				2			54						
5				2			55						
6				2			56						
7				2			57						
8				2			58						
9				2			59						
10				2			60						
11				2			61						
12				2			62						
13				2			63						
14				2			64						
15			1				65						
16				1			66						
17				3			67						
18				3			68						
19				2			69						
20				2			70						
21				2			71						
22				2			72						
23				2			73						
24				2			74						
25				2			75						
26				2			76						
27				2			77						
28				2			78						
29				2			79						
30				2			80						
31				2			81						
32				2			82						
33				2			83						
34				2			84						
35				2			85						
36				2			86						
37				2			87						
38				2			88						
39				2			89						
40				2			90						
41				2			91						
42				2			92						
43				2			93						
44				2			94						
45				2			95						
46				2			96						
47				2			97						
48				2			98						
49				2			99						
50				2			100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	49	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			51				TOTAL CLAIMS						